

TRAINING AND STAFF DEVELOPMENT (RULE 503-1-.20, 503-1-.22, and 503-1-.27)

Employee Name: _____ Entity: _____ Date of hire _____ Training for Calendar Year: _____

Position: _____ Owner/Director/Agent _____ Probation Officer _____ Admin. Staff

Date Completed	Course Title	Hours	Instructor	Location of Training	Certificate Available* ✓

**You must maintain your certificates and/or other proof of training in each employee's file. (i.e. POST print out, sign-in roster, etc)*

By signing this form I swear and affirm that I, _____, attended and successfully completed training as listed. Further, in making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A § 16-10-20, and face criminal penalties as allowed by such criminal statute. I further understand that, as it is related to probation entities, knowingly providing written or verbal false statements or documents shall subject a regulated probation entity to sanctions, including revocation, as determined by the County and Municipal Probation Advisory Council (CMPAC). CMPAC Rules and Regulations 503-1-.37.

Signature of Trainee Date

I, _____, Director of the above listed probation entity acknowledge that by signing this document under oath and I am affirming that to the best of my knowledge the above representation is true and correct. I also acknowledge that pursuant to CMPAC rules and regulations that I, as owner or director, am responsible for training all employees who have contact with offenders or access to offender data (CMPAC Rule and Regulations 503-1-.20). I, as owner, further acknowledge that I may be held responsible for actions of all employees and agents carried out within the scope of employment, whether they are characterized as employees, agents or independent contractors (CMPAC Rules and Regulations 503-1-.23).

Signature of Director Date

SUBSCRIBED AND SWORN BEFORE ME ON
THIS THE ____ DAY OF _____, 20____

NOTARY PUBLIC
My Commission Expires: